



| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | <b>Docket Number (Optional)</b><br>SON-3057 |           |  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
|---|------------|---|-----------|--|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|-----------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| <b>Application Number</b> 10/563,298-Conf. #1328  |            | <b>Filed</b> January 3, 2006                |           |  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <b>For</b> FLAT DISPLAY APPARATUS AND INTEGRATED CIRCUIT  |            |   |           |  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <b>Art Unit</b> 2629  |            | <b>Examiner</b> R. L. Willis                |           |  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="0" style="width:100%"><thead><tr><th></th><th style="text-align:center"><u>Fee</u></th><th style="text-align:center"><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align:right">\$130</td><td style="text-align:right">\$65</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align:right">\$490</td><td style="text-align:right">\$245</td><td>\$ 490.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align:right">\$1110</td><td style="text-align:right">\$555</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align:right">\$1730</td><td style="text-align:right">\$865</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align:right">\$2350</td><td style="text-align:right">\$1175</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 40,290/47,255</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p>Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%; text-align: center;"><br/>_____<br/>Signature<br/>Christopher M. Tobin/Brian K. Dutton<br/>_____<br/>Typed or printed name</div><div style="width: 35%; text-align: center;"><u>July 27, 2009</u><br/>Date<br/><u>(202) 955-3750</u><br/>Telephone Number</div></div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p> |            |   |           |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ 490.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                     |           |  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65  | \$ _____  |  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490      | \$245                                       | \$ 490.00 |  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555                                       | \$ _____  |  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865                                       | \$ _____  |  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                                      | \$ _____  |  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |

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